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TREATMENT OF PHTHISIS.

BY WM. HENRY THAYER, M.D., KEENE, N. H.

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"If the patient have it fortunately at his command, gestation and living on the sea will be beneficial."

ARRYAUS.

"But of all the remedies for phthisis, long and continued journeys on horseback bear the bell."
* * * * "The palmary remedy, however, is daily riding—which is all in all. Do this, and you may neglect the rules of diet, and deprive yourself of no sort of meat and drink."

SYDENHAM.

THESE are observations that have been practically forgotten in all this time. Nearly two hundred years have these views of Sydenham been before the medical profession, without persuading many men that the treatment which they direct is of primary importance. Every one recommends exercise in the open air, but as holding an inferior place in the long train of which medicinal agents have the chief positions. The excellent letters of Dr. Jackson show us that he has always fully estimated the value of hygienic treatment in tubercular disease. But how rare an exception his practice presents to that which has been prevalent, we may infer from an editorial in the April number of the *Buffalo Medical Journal*, in which the writer says "the venesection, the emetic, the blister, the iodine inhalation, the careful protection from air and from exertion, the abstinence from animal food and from stimulating drinks incident to our former ideas, have given place to active exercise, to fat meats and hearty diet, to vinous and alcoholic stimulants, and to what would once have been deemed reckless exposure to vicissitudes of weather."

Indeed, the experience of the last few years has shown us that under the use of such means as these, a decided improvement is nearly always manifested in tubercular disease, the cases are very often much prolonged, and in some instances we have the satisfaction of knowing that complete recovery takes place. Nevertheless, the facts are not universally known in the profession, or the value of the treatment is not sufficiently insisted upon. It is true that a large proportion of phthical cases occurs in persons whose circumstances will not permit them to make use of the necessary means of

treatment. Men or women, whose occupation is sedentary and within doors, are necessarily cut off from all chance of relief—for it is frequently true that their poverty prevents a choice of employment. But the treatment is too often neglected, even when there is no other objection to its adoption, by the fault of the physician or the want of resolution on the part of the patient.

For acute tuberculosis such treatment is out of the question. But in the ordinary chronic phthisis, there are hardly any exceptions to its employment. Its efficacy of course varies with the stage and character of the disease; in an early stage, before softening of the tubercles has begun, and in cases of a very slow progress, all treatment is far more successful than in those persons in whom tubercles are rapidly developed or the lungs are already extensively destroyed.

The treatment of which I speak, includes not only daily active exercise out of doors, but perfect ventilation of the house, warm clothing, nutritious food and the steady use of cod liver oil.

Active, but not violent exercise, is never objectionable. I have rarely seen a case which could not be gradually brought to it. Patients who have been long confined cannot of course adopt it at once. But beginning with an amount within their strength and increasing it daily, they come to bear long rides and grow stronger on them in a short time. The case of a young married lady under my care several years ago, illustrates this point well. After parturition, she began to cough, and within a month presented the physical signs of tubercles in the lungs. She went away from home for two months, and returned seriously worse. The disease was so far advanced that her respiration was hurried and she was unable to sit up all day or to dress herself. At this time she was put upon cod-liver oil, and active exercise was prescribed. Beginning with a short ride, supported by pillows in a carriage, she was able, within two months, to drive herself, which she did every day a long distance, without regard to the weather, and in another month began to ride on horseback. Within six months she was nearly free from the general symptoms of the disease, although thin and still tuberculous. I lost sight of her at that time, but learned that she died about six months later; but I am firmly convinced that she owed probably nine months of life to the energy and resolution displayed by her friends in pursuing the treatment. Instances are sufficiently numerous within the knowledge of all, of incipient tubercular disease arrested and sometimes entirely cured by a succession of sea-voyages, or a yearly retirement to a climate which does not deter the patient from daily exercise out of doors, nor require the fresh air to be excluded from the house. Dr. Jackson relates several very striking instances of the remedial effect of active exercise—and, it must be observed, without any regard to weather. The woodcutter in Maine, who from being hardly able to lift an axe, was driven by necessity to work, until by daily exercise he grew strong enough to do full labor; and the plasterer, who was

always better in working in the damp and often chilly atmosphere which his occupation imposed upon him, than when he staid at home, are striking cases illustrative of the truth of this.

In regard to the influence of different localities upon the development and progress of tubercular disease, we no doubt have much to learn. Recent observations made by Dr. Bowditch have confirmed, in a very remarkable manner, the opinion that low and moist situations are much more liable to these affections than the high and dry. In the West Indies and the south of Europe, consumption prevails as extensively as in the higher latitudes. Physicians, however, still recommend a residence within the tropics to consumptives; and numbers are annually sent away who would do much better to stay at home. It is true that many return improved by a southern residence. But it is very probable that, under proper direction, they would have derived equal benefit here, without losing the advantages of home. Dr. Drake, in some part of his great work on the diseases of the interior valley of North America, expresses the opinion that tuberculous subjects do better to remain in a climate as cold as that to which they are accustomed, or to go to one somewhat colder. The debilitating influence of a warm climate is not so favorable to them. It is stated (I think by Dr. Kane) that tubercular affections are hardly known among the Esquimaux, who comply with two of the conditions which we consider favorable for consumptives, namely, live in an extremely cold climate and eat a large quantity of fat. I believe the only benefit to be derived by consumptives from a residence in a warm climate, is the greater probability that they will pass much of the time in the open air, with which, want of resolution will interfere in our inclement region. There is a very decided reason, too, in favor of cold climates, which is, that oils and fats will be better borne and taken with greater readiness than they can be within the tropics.

Remaining in his native land, the consumptive may exchange a low and moist situation, if he happens to live in such a one, for airy mountain regions; and a thorough protection of the surface of the body will secure him from the evil effects of the severe and sudden changes in the weather to which he is here exposed. A lady who had tuberculous disease of several years standing, with cavities in the lungs, who had passed the preceding two winters in one of the southern States, consulted me in the autumn of 1855, upon the propriety of returning there again for the next winter. In view of the opinion I have just expressed, I advised her remaining at home. She had a brother in the same condition. They remained in Vermont, and began a course of regular, active exercise out of doors. Riding on horseback, walking and driving, they spent rarely less than five hours a day in the open air. They drove in all weathers, and did not hesitate to go out in the evening. They were already taking cod-liver oil, which they continued. In a short time, they began to gain flesh and strength and were much less troubled with cough. The lady was able to walk with much less difficulty of breathing

than before, and continued in better health in every way than she had been during the preceding winter. The cold air always irritated her throat; but in the autumn she began to wear one of Jeffrey's respirators, and continued it through the winter, with complete relief to her throat, and decided general warmth. Tuberculous patients are not liable to have the cough increased by winter air, unless they have some inflammation of the larynx, or considerable bronchitis; and the respirator enables them to breathe any air, however damp. It is not adapted for rapid walking—worn then, it is apt to produce dyspnoea where the lungs are extensively affected, but in riding there is no difficulty, and it has the advantage of keeping the whole body warm.

Although a dry atmosphere is the most favorable to phthisical patients, yet when they must reside in a damp locality, or the air is unusually moist from mist or rain, there is nothing gained by staying in doors. Active exercise and change of air are imperatively demanded, and there is far more lost than gained by confinement to the house in rainy weather. Dr. Hunt, of the *Buffalo Journal*, states the case in his usual pithy manner. He says, "the term exercise, in this connection, does not mean a gentle ride in a carriage on a pleasant day; it means hardship, positive hard work, involving fatigue and consequent good appetite, easy digestion and sound sleep. Neither should the patient avoid exposure to vicissitudes of weather at the expense of his digestive organs. It is far better to get wet in a storm, than to sit all day by the coal-grate, and get a headache and loss of appetite thereby."

Hæmorrhage, unless profuse or attended with inflammation of the lungs, does not require confinement and rest. Violent exercise is to be avoided—but riding on horseback or moderate walking is more likely to arrest than to increase it. Dr. Jackson relates the case of a gentleman who had frequent attacks of hæmoptysis, who adopted the practice of taking his gun, whenever bleeding came on, and going out to shoot for several days; which always relieved him, and the disease was eventually arrested. He died many years after, of an acute disease. Mr. Willis, in the *Home Journal*, speaks of his own treatment in similar circumstances. He always gets relief from a ride on horseback, when he has an attack of hæmorrhage from the lungs.

A generous diet, including an abundance of fat food, and a liberal use of alcohol in some form, is indispensable to the successful treatment of tuberculous disease. Indeed, the cases which are complicated with loss of appetite or inability to digest food, are likely to resist all treatment, and are usually the most early fatal. A distaste for fat has been observed in persons of tuberculous diathesis, and those persons who cannot drink cod-liver oil, either from excessive disgust for it or because it is not borne by the stomach, present an unfavorable prognosis. The same observation has been made by Mr. Hutchinson, of London, in the *Medical Times and Gazette* of May, 1855. Dr. Chas. Hooker, in the *Trans. Am. Med.*

Assoc. for 1855, expresses the opinion that in most cases of phthisis and the predisposition to it, "the avoidance of oily nutriment" is one of the prominent errors of regimen. Cod-liver oil is not now supposed to have any specific effect upon tubercular disease, except as being fat. It is administered in cases of this nature in preference to other oleaginous articles, because it is usually tolerated by the stomach better than any other. But it has been found by repeated trials that other oils, either vegetable or animal, have an equally good effect. Dr. T. Thompson reports a number of cases of phthisis treated with neat's-foot oil, with as good result as those in which cod-liver oil was used. Dr. Buckingham treated some cases in the Boston House of Industry with whale oil, with the same effects. The symptoms abated, the patients gained flesh and strength, and the physical signs improved; in some cases the bronchitis, which so generally accompanies tubercular disease, subsiding entirely.

Dr. Garrod, in the *British and Foreign Medico-Chirurgical Review* for January, 1856, gives the results of the treatment of 53 cases by Dr. Thompson, with cocoa-nut oil; 34 were materially benefited, 8 remained stationary, and 11 became worse—results as good as from the use of fish oil, as the cases probably included all varieties and stages of the disease. He found, however, that the vegetable oil was not so well borne by the stomach. One patient, whose changes in weight are reported, gained $4\frac{1}{2}$ pounds in sixteen days while taking cod-liver oil. No oil of any kind was taken for the next five days, and he lost one pound. He then took cocoa-nut oil for six days, and gained $3\frac{1}{2}$ pounds more. After a few days more, however, he began to suffer with nausea and disturbance of the stomach. The cocoa-nut oil was then omitted for a few days, when he returned to the fish oil, and continued to take it without difficulty and to gain flesh. The writer states that in the majority of cases, the cocoa-nut oil has been found to disagree after a while.

Physicians are generally agreed upon the value of cod-liver oil as a remedy for tubercular affections. Its beneficial effects appear to depend upon its free and long-continued use. Few cases fail to be more or less benefited by it, and there is upon record a sufficient number of well-authenticated cases of complete recovery under its use to give us strong hopes of success in incipient phthisis, where the position of the patient admits of suitable direction in the other means of treatment. The oil has been used with great advantage also, in various scrofulous affections in children. Dr. Hays reported to the Philadelphia College of Physicians, in 1851, the results of his employment of it in all diseases of this class—particularly in strumous ophthalmia, in granular lids and scrofulous enlargement of glands. In strumous ophthalmia and granular lids he had employed it in from 200 to 250 cases, and in most of them the benefit resulting from its use had been very striking; and the tendency to relapse, so common under other treatment, he had found to be removed by the use of the oil.

ADDISON ON THE SYMPTOMS AND TREATMENT OF DISEASE
OF THE SUPRA RENAL CAPSULES.

[Continued from page 140.]

BY R. M. HODGES, M.D., BOSTON.

WE prefer to present an abstract of the cases, rather than to make comments upon them.

Of the eleven cases reported by Addison, certain ones are conclusive, others perhaps admit of doubt. We shall content ourselves with referring to the most conclusive, simply remarking that though Rayer laid particular stress on apoplexy of the capsules, there exists no lack of cases with analogous if not identical lesions to those observed by the Physician of Guy's Hospital.

Case I. —, male, æt. 32, entered Guy's Hospital Feb. 6th, 1850, under the care of Dr. Golding Bird. Is a baker by trade. Had bronchitis two years ago, which failing to be cured by domestic remedies, obliged him to enter the Hospital. Since then his skin, which was white, has gradually turned darker and darker. One year after leaving the Hospital, he was obliged to keep his room on account of extreme debility; his bronchitis returned, but yielded to a course of treatment, and his physician, struck by the color of his skin, administered unsuccessfully medicine for the jaundice which he supposed to be its cause. After his relapse he lost flesh and grew weak; his skin became darker, and he asked to go to the Hospital.

Present state.—The whole skin is of a bistre color, so much like that of a mulatto that the question if he had any negro blood in him was asked, and answered in the negative. The skin does not remind one of that which follows the use of nitrate of silver, but seems as if discolored by pigment. Certain parts of the body are especially changed, the scrotum and penis being darkest. The cheeks are sunken, the nose pinched, conjunctivæ blue, voice feeble and querulous. His face and behavior that of a child. He complains of pain in the epigastric region. Chest well developed. Respiration and sounds of heart normal. Urine natural, not above three pints in twelve hours (*sic.*); no albumen or sugar. Left lumbar region painful on pressure. Dr. Bird, considering the case as one of anæmia, prescribed the iodide of iron and a tonic regimen. The patient got better and left the hospital. Soon after his exit, he was attacked with acute pneumonia and pericarditis, which proved rapidly fatal.

Autopsy.—Old pulmonary adhesions. Recent pneumonia, limited to the apex of right lung; lower lobe of this, and almost the whole of the left lung, carnified. No tubercles nor cavities. Bronchial mucous membrane thickened and injected. Dark colored effusion in the pericardium, and recent lymph on its serous surfaces. Liver and spleen softened and friable; no lesion of gall-bladder or ducts. No appreciable venous or arterial obstruction. The blood in the arteries darker than natural. Kidneys healthy

and of natural size. Both renal capsules diseased; the left, about the size of a hen's egg, is strongly adherent to the lower part of the head of the pancreas. The two capsules are of a stony hardness. Nothing unnatural in the intestines. No trace of tubercular disease in any organ. Brain not examined.

This case deserves the more attention, from the fact that there was no other disease except that of the supra renal capsules. The cases are few where the lesion is so entirely confined to them. If any complications had existed, the anæmia, debility and general symptoms might have been attributed to some tubercular or cancerous diathesis. No such objection can be made to this case. The intense discoloration of the skin was proportionate to the disease of the capsules, the precise nature of which is uncertain.

Case II.—Jackson, æt. 35, entered Dr. Addison's clinical ward Nov. 11th, 1851. Died Dec. 7th, 1851. This man was of a bilious temperament; his hair black and his complexion ordinarily pale. His color, since he became sick, has grown darker, and is now of an olive brown. His wife says that this discoloration began and has increased with his disease. There can be no doubt that his color depends upon an excess of pigment, for on examining the inside of his lips they are found to be spotted by a black deposit, which was at first attributed to want of cleanliness, but no washing can remove it. Expression anxious, brows knitted.

He gives the following history of his disease. His business is connected with the custom house, and exposes him to all sorts of weather, his food for weeks being often nothing but salt meat. Eight years ago he suffered from rheumatism and great nervous depression. Since then, he has ordinarily enjoyed good health, with the exception of occasional bilious vomiting. His present disease began with headache, vomiting and constipation. Six days from its commencement he became delirious, and was unconscious for 24 hours. On coming to, he was unable to move his hands or legs, which were benumbed, as was likewise the tip of his tongue. At the end of two months he resumed his work, but after ten days the headache and vomiting came on as before. Dr. Williams thought he detected some indications of an intermittent character, and attributed them to a miasmatic influence, not only because of the general symptoms, but from the marked cachectic color of his face, which reminded him of the asphyxia of cholera. When he entered the Hospital his pulse was small and feeble; countenance shrunken. He was vomiting mucus with black and coagulated blood. Tongue clean. Epigastrium swollen and tender. Urine normal, not albuminous. His symptoms changed but little; his skin was cold in the morning and warm in the evening; pulse but little increased in frequency, but so small as to be hardly perceptible; prostration so great as to require stimulant tonics. Abdomen soft; bowels constipated. No thoracic symptoms.

Probable diagnosis.—Inflammatory condition of the mucous membrane of the stomach, indicated by vomiting and pain at epi-

gastrium. "May it not be," says Dr. Gull, who from day to day kept the record of the case, "an instance of Dr. Addison's disease of the renal capsules?"

Autopsy.—Mucous membrane of stomach injected; two or three points of ecchymosis, sure signs of gastritis. Brain, lungs, heart, liver, spleen and kidneys perfectly healthy. Fibrinous concretions in the renal capsules, which in their gross appearance are not unlike certain forms of crude tubercles.

We have no need to point out the coincidences between this case and the preceding. It may be remarked, however, in this connection, that in the second of Rayer's cases, Dr. Roger, who saw the patient, was struck by the cyanosed aspect of the countenance, which he says was like the color of the lees of wine; and it is singular that in two of Rayer's observations the discoloration of the face should have attracted attention, a greenish yellow color having suggested the existence of organic disease in the subject of his first case.

Case III.—Henry Patten, carpenter, æt. 23, entered Dr. Ree's wards Nov. 9th, 1854. Although intemperate, has enjoyed good health till six months since, when he was seized, as he says, with rheumatismal pains, extending from the right leg to the hip, nates and lumbar region. For the last three months he has noticed that his lips turned dark and that his face was discolored in spots. He has been obliged to give up work on account of vertigo and loss of sight, accompanied by headache and some loss of consciousness. These attacks, which occurred several times a day after the least fatigue or prolonged standing up, are quieted by assuming a horizontal position. Since giving up work, he perceives them only on rising in the morning.

Present condition.—Appearance scrofulous. Complexion pale, hair black and dry. Face and forehead yellow, with a few brownish spots and some similar ones on the lips. Curvature of the lumbar vertebræ, painful on pressure; general weakness, without real paralysis. No appetite. Impulse of heart feeble. Urine natural. The day after entrance he was seized with hiccough, which lasted till his death; he also vomited some of his food. He became torpid and difficult to rouse, with a dry, dirty tongue and typhoid look. His pulse disappeared and he died Dec. 6th.

Autopsy.—Skin paler than during lifetime, but still presenting the same olive color and brownish spots. An abscess in the sheath of the right psoas muscle. Tuberculous disease of first and second lumbar vertebræ. Inflammatory deposition at apex of lung, looking like a mass of grey tubercles. All other organs healthy, except the supra renal capsules, which were completely destroyed and converted into a tuberculous mass of varying consistency. The left capsule was adherent to the stomach, and the upper portion of this was fluid and of the color of pus. The lower portion was more solid. The right capsule presents nearly the same appearances. These are figured in one of the plates. The blood

examined by the microscope shows a great increase of the white corpuscles.

The occurrence of vomiting without diarrhœa is the only point of interest in the fourth case. The patient died just after his admission to the Hospital, his extremities being cold and livid, and the pulse gone, when he entered. At the autopsy, nothing except the condition of the renal capsules accounted for these severe symptoms. These were much atrophied and bound down by strong bands of areolar tissue. Being cut open, they were pale, homogeneous, containing fat, fibrous tissue and cells the size of the white corpuscles of the blood, the inference being that the capsules had undergone inflammatory disorganization.

The fifth case is from Bright's "reports of medical cases," where it appears with the following title: "Serous effusion beneath the arachnoid and into the ventricles, accompanied by emaciation, bilious vomiting and disease of the supra renal capsules." The patient had a tumor in the left breast and another in the right parotid, and complained of headache with loss of mental power. There being no special symptom, some internal trouble, similar to that in the breast, was looked upon as the cause. The only marked disease, says Bright, in his long account of the autopsy, was a lobulated enlargement of the supra renal capsules, of a tubercular nature. They were four times as large as natural, the left being firm and consistent, softening having caused a cavity in the right one.

In Case VI. the characteristic phenomena are strongly marked. Extreme debility and loss of energy; the impulse of the heart feeble, palpitation being brought on by the least exertion; painful and repeated vomiting. The whole body was mottled with spots of a chestnut brown, strongly contrasted with others that were whiter than natural. Cancerous disease of the stomach was supposed, and death soon took place. A portion of the mucous membrane of the stomach, duodenum and large intestine was diseased. The renal capsules were remarkably indurated and enlarged; on section they seemed made up of a reddish mass, studded with opaque points of a yellowish matter, resembling tubercular mesenteric glands.

The subject of the seventh case had a cancer of the breast. The autopsy alone is given. The skin of the forearms and chest was of a marked bistre color, and the capsules were entirely transformed into a cancerous mass.

Case VIII. is that of a woman 53 years old, feeble, emaciated, sick for three months, complaining of pain in the stomach and vomiting. Skin dry and brown; axilla dark brown; breast similarly spotted; black areola around the navel. At the autopsy there was found an ulcerated cancer of the pylorus, and the left renal capsule was infiltrated with cancer. The corresponding kidney healthy.

Case IX.—A man, æt. 58, subject also to vomiting and epi-

gastric pain. His disease was of nearly two months standing; his debility extreme and appetite gone. He died without other symptoms, fourteen days after entering the hospital. The color of his skin is only mentioned in the statement that it had bronzed during his stay at the hospital. There was a tuberculous deposit in the renal capsules, and the peritoneum was studded with isolated tubercles.

We have already referred to Case X., where the left capsule contained a tubercle which plugged a vein at the point of its emergence.

The eleventh case consists of a mere memorandum, and adds nothing of importance to those already mentioned.

[To be continued.]

DESCRIPTION OF A SIMPLE INSTRUMENT FOR INFLATING THE LUNGS OF INFANTS IN AN ASPHYXIATED STATE.

BY JAMES G. WILSON, M.D., FELLOW OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW, &c.

THE majority of obstetric writers seem to consider inflation of the lungs the most successful and efficacious plan of treatment in the more severe and desperate cases of asphyxia neonatorum. Instances of suspended animation in the new-born child are met with of various shades and degrees of intensity; but it is principally to the well-marked and decided cases, and to inflation of the lungs, that the following remarks are intended to refer:—

The usual method by which artificial respiration is effected, consists in either applying the mouth directly to the child's mouth, or by means of an intervening flexible or metallic laryngeal tube; or, lastly, the application of a pair of small bellows contrived and constructed for the purpose. The former of these resuscitative methods, or inflation by mouth applied to mouth, although, perhaps, the readiest, becomes very fatiguing and exhausting when long continued—the more so from the constrained and irksome position the operator has frequently to assume and retain; and, besides, it is not always very pleasant or agreeable to apply one's mouth directly to that of a child born of a filthy or diseased mother. Another objection to this plan is, that the air forced into the child's lungs is very apt to be more or less impure, warm, and moist. Most of these objections apply to the laryngeal tube. The bellows is a clumsy, cumbrous, and unportable apparatus, and not likely to be at hand when required. Finding, therefore, that each and all of these restorative methods are more or less objectionable and unsatisfactory, I have been induced to construct the little instrument about to be described, which I have found serviceable on several occasions.

The instrument essentially consists of a vulcanized India rubber ball about the size of an orange, to which is attached a German-silver tube, about five inches long, and gently curved towards its

free extremity. The tube is closed at the extreme end, but has two openings or eyes, like a female catheter, a short distance from the point. On compressing the ball, the contained air rushes along the tube and through the openings above-mentioned, and on removing the pressure the ball rapidly expands, and becomes instantly re-filled with air, which may again be evacuated as before. On introducing the tube into the larynx, and acting in this manner, it is obvious that for the most part the same air would be used over and over again, which would be a manifest disadvantage and a decided objection. This, however, can easily be remedied by making another opening in the tube, about an inch from its attachment to the ball, for the free ingress of fresh, cool, dry air. During the compression of the ball, the left thumb will easily cover the opening, which must, however, be removed to admit the entrance of pure air during the subsequent expansion of the ball. This opening being somewhat larger than the other two, and being much nearer the ball, readily permits the introduction of fresh air. The left index finger passed into the posterior part of the mouth, with the child's head a little thrown back, will tend to facilitate the proper insertion of the tube into the larynx. It is not necessary, as when other methods of inflation are used, to push back or depress the larynx, in order to prevent the transmission of the air through the œsophagus. The insufflation of the lungs must be gently and slowly performed, so as to imitate the normal respiratory process. After each inflation, the chest must be slightly compressed, with a view to expel the remaining air in the lungs.

The advantages of this instrument appear to me to be as follows: It is abundantly simple, both as regards principle and construction. It can be easily introduced, and worked for any period with little exertion; and, from its small size, is very portable. The air *blown* into the lungs is at once pure, cool, and dry, and the force with which it may be propelled can be easily regulated. It is not so liable to rupture or injure the air-cells, which I have reason to fear is sometimes done in consequence of too violent restorative attempts at insufflation with the mouth or with the bellows. The irritation which the presence of the tube may occasion in the fauces and larynx, instead of being detrimental to the child, as I have heard remarked, ought of itself in many cases to have a salutary and beneficial effect, as tending to excite a gaping inspiration or a convulsive sob. If the instrument is properly applied, the air is more certain to enter the lungs, and less likely to pass into the stomach and distend the intestines, as is too often the case when the mouth alone is used, even although the larynx be pressed back. Many infants, I am convinced, are lost from the process of respiration being impeded by the presence of fluid or mucus in the air-passages, and which, from inherent weakness and debility, they are unable to expel. This is indicated by a peculiar gurgling sound when the child attempts to breathe. This collection of mucus or fluid in the respiratory passages is, I conceive, most likely to occur

when the child's head is the last part to be born, and particularly when retained in the vagina for some time. This may arise from two causes. The impression made on the cutaneous nerves of the chest by contact with the atmospheric air induces the child to inspire, and thus to draw in mucus or other fluid lying in the vagina in contact with the mouth. The entrance of any fluid into the larynx or trachea in such cases may be also occasioned by gravitation. Of course the fluid may enter the œsophagus, but this is of minor consequence. The cause of suspended or interrupted animation in the infant has been too much overlooked and neglected. With the instrument above described I have on several occasions succeeded in withdrawing large quantities of fluid from the air-passages, with the effect of materially relieving the breathing. When the fluid is in large quantity, the tube may become clogged up, and the ball partly filled, when it becomes necessary to withdraw the instrument, and clear it of all the fluid, otherwise it will be again injected into the air-passages. Great care must be taken not to introduce the tube into the œsophagus instead of into the larynx. In the slighter forms of asphyxia the use of the instrument is quite unnecessary, and, when employed in urgent cases, it does not preclude or interfere with the use of other means, such as the alternate immersion in the hot and cold bath, stimulants applied to the surface, or introduced *per rectum*, &c. It is now about three years since I first constructed this little instrument, and it is so very simple that any person can easily make one in a few minutes.—*London Lancet*.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JULY 14th.—*Aneurism of the Ascending Aorta, opening into the Pulmonary Artery; Hypertrophy of the Heart; Peculiar Disease of the Liver; General Dropsy; Death; Autopsy.* Dr. ELLIS showed the specimens, and reported the case.

The patient, a carpenter, 48 years of age, had formerly been a sailor. For five or six years he had been more or less subject to dyspnoea on exertion, and at last became generally dropsical. After being under the care of many physicians, one of whom, a homœopathist, purged him with elaterium, he was seen by Dr. E. H. Clarke, a fortnight before his death, and was attended by him until that took place. He had a regular pulse of about 80, and a fair appetite. On examination of the heart, the dulness on percussion was much more extensive than usual; the impulse was feeble, but distinct. A loud bellows murmur, with the first sound, and almost masking the second, was heard in every part of the chest. The urine was never tested, but frequently deposited a thick white sediment. The ascites being very marked, he was tapped eight days before his death, and two gallons of serum were drawn off with relief to the pericardial distress and feeling of tightness about the abdomen. On the 30th of June, he suddenly

expired, while sitting up fanning himself. Several years before his death, he received a violent blow in the right hypochondrium, followed by severe symptoms.

At the examination the following appearances were noticed.

Autopsy.—From three to four pints of serum were found in the left *pleural cavity*. The surface was united at several points by old elongated bands. The *right lung* was quite extensively adherent, but considerable serum had collected between the old bands. Both lobes of the *left lung* were very small and rounded. The upper two-thirds of the upper lobe, crepitant; the remainder of the lung, dark and fleshy from compression. The *right lung* was crepitant throughout. The *pericardium* contained five or six ounces of serum. The *heart* was much enlarged, and rounder than usual. The walls of both *ventricles* were much thickened, and there was also some thickening of the free edges of the *aortic valves*. There was also discovered a marked aneurismal dilatation of the lower two inches of the *aorta*, two inches in diameter, involving rather more than one half the circumference of the vessel, and that portion in contact with the *pulmonary artery*. The small coagula seen within it, were all recent. The lining membrane was wrinkled, and somewhat atheromatous. Between it and the upper part of the *pulmonary artery* there was found an opening half an inch in length, with smooth, rounded edges, and presenting none of the appearances of a recent rupture. The contiguous portion of the *pulmonary artery* was in one part vascular, had lost some of its smoothness, and was separated from the remainder of the vessel by two well defined lines, evidently formed by the projection of the aneurism into the artery.

In the *peritoneal cavity* was a large quantity of purulent serum and lymph. The *intestines* were glued together and coated externally with purulent lymph, in the form of small granulations, so soft and recent that they were scraped off with the greatest ease. Quite an extensive old false membrane covered the upper surface of the right lobe of the *liver*. Near, and involving the right edge, were a number of large nodules, with firm, yellow, depressed portions intervening. In the centre of some of the nodules, dense fibrous tissue was also found. The whole had a decidedly cicatrized look, and was thought interesting in connection with the blow, received several years before, when the liver was probably fractured. The substance of the organ generally presented a somewhat granular appearance, similar to that of the kidney in Bright's disease.

The *spleen* and *kidneys* were unusually firm, but, in other respects, normal.

Dr. JACKSON remarked that he remembered the report of a case that occurred in England, in which the patient died of a rupture into the pericardium, an opening also being found into the *pulmonary artery*; there being evidence that this had existed for a considerable time, also of the period when it probably occurred.

Dr. J. also alluded to a specimen in the Society's Cabinet, of rupture into the pericardium, where perforation was about taking place into the *pulmonary artery*, and which must soon have occurred.

In reply to Dr. WARE, Dr. JACKSON stated that in the former case there was irregularity of the circulation, with other marked symptoms.

JULY 14th.—*Convulsions after Vaccination.* Dr. MORLAND referred to a case of this nature reported by him at a recent meeting of the Society (*Records*, Vol. II., p. 338), and read the following communication from Dr. SALISBURY, of Brookline, Mass.:—

"*Brookline, June 21st, 1856.*—DEAR SIR,—Having recently had two cases of vaccinia, the circumstances attending which, have a tendency to confirm the conclusions at which you arrived in your *resumé* of the case reported in the last number of the Medical and Surgical Journal, I take the liberty to enclose some account of them.

"May 18th, 1856, I vaccinated a child, six years of age. At the time of vaccinating, I noticed that the conjunctivæ were suffused, and that there was some discharge from the nostrils, which was attributed to coryza, there being no measles in town at the time. On the 20th of May, I was requested to visit the child, and found a full and perfect eruption of measles, which was said to have appeared on the previous day.

"There were no unpleasant symptoms; the case not differing in any respect from a mild and fully developed case of measles.

"On the eighth day, the vaccine vesicles were filled and perfect in their character, not being at all modified in their appearance.

"An older child, in the same family, who contracted the disease from the one described, had the symptoms more severely.

"On the 11th of June, 1856, I vaccinated a child, five years old, who had scarlatina last winter, and convulsions at a previous time. On the 17th of June, I was asked to see it, and found that it had convulsions. The vaccine vesicles were rather more developed than we usually find them on the seventh day. The convulsions were not severe, and did not recur, the child being upon its feet the next day.

"These cases seem to corroborate your conclusions that the convulsions in your case were due to the vaccinia and not to its complication with the measles."

Dr. M. added, that in the case reported by him, there was not only complication of rubeola with vaccinia, but also *repercussion of the eruption*; the latter accident having been occasionally followed by convulsions, a doubt arose as to its possible agency; but the fact that the first attack was on the eighth day from the vaccination, seemed to indicate the latter as the cause, by proximity, as it were, to the height of the induced disease. This view is, moreover, supported by analogous phenomena observed in connection with *variola*. In Dr. Salisbury's last patient, it will be observed, there had been convulsions previously. This, in connection with the other observation by Dr. S., is all the more confirmatory of the action of vaccinia as a cause. In Dr. M.'s patient, there never had been convulsions before, and the unusual complication gave interest to the question of their etiology.

JULY 14th.—*Colloid Disease of the Stomach; absence of Vomiting; Ascites.* Dr. CLARK reported the case.

The patient, J. S., was a machinist, aged 35 years. He had had dyspepsia for two or three years, but continued at his work until six months since. Had emaciated very rapidly for the last five weeks. Was first seen three days before death, when he presented the following appearances. He was extremely emaciated; the eyes half open, sunken, and the conjunctivæ reddened. The abdomen was enormously distended by ascites; the voice puerile, but the mind hopeful and clear. He had had *little or no vomiting*, but only occasional retching. The appetite was gone, and the mouth aphthous. The bowels were rather constipated. He died without any change of symptoms.

Autopsy by Dr. ELLIS. The stomach, externally, was of a dull white color. Portions of the large and small omentum attached were of the same

color and seven eighths of an inch in thickness. In some parts of the latter were small translucent nodules having the appearance of colloid, but most of the tissue was quite dense. The walls of the stomach, from the pylorus to a point six and a half inches within, were much thickened, the maximum thickness being three eighths of an inch. The mucous coat of the affected part was considerably thickened, of a yellowish color and transformed into a pretty firm colloid substance. In the lesser curvature, two and a half inches from the pylorus, was a somewhat irregular ulcer, between two and three inches in diameter, the base of which was formed by the dark-brown muscular coat. Between the fibres of the latter, colloid substance was also seen. The muscular coat presented the striated appearance so often met with in cases of cancer of the stomach, and was in one part one fourth of an inch in thickness. There was agglutination of the stomach to the surrounding organs.

The *peritoneal coat* was dotted over with a whitish substance, which was easily removed. The peritoneal cavity contained about four gallons of serum. The other organs were healthy.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 25, 1856.

MEDICAL CONVENTION AND SOCIETY OF CALIFORNIA.

WE have received a pamphlet containing a report of the proceedings of a convention of the medical profession of the State of California, held in the city of Sacramento, in March last, which resulted in the formation of a State Society. The convention was attended by upwards of eighty physicians, who appear to have been animated by feelings of harmony and of enthusiasm for the cause of medical science. The members of the State Society consist of delegates from local societies, of permanent members and of members by invitation. The permanent members are not allowed the privilege of voting. There are several committees who are to report annually on the various branches of medical science, and a committee on publication, one on arrangements and one on prize essays. The annual meetings of the Society are to be held on the second Wednesday of February, the place of meeting for each next succeeding year being determined by vote of the Society. Dr. B. F. Keene, of El Dorado, was elected president, and Dr. Thos. M. Logan, of Sacramento, corresponding secretary, for the ensuing year. The next meeting will be held at Sacramento.

The establishment of a medical journal, to be published under the auspices of the Society, was the subject of discussion, and the idea was favorably entertained. Measures were adopted for carrying out the plan by the appointment of a committee, who reported that they had made arrangements with Dr. J. F. Morse, of Sacramento, by which that gentleman, who had been engaged in making arrangements for publishing a journal on his own account, consented to become the organ of the Society. The committee state that Dr. Morse is "thoroughly drilled by long experience in the tactics of editorial discipline." It is proposed to issue a quarterly periodical, as soon as two hundred subscribers can be obtained at five dollars per annum. The preamble and resolutions by which the subject of a medical journal was introduced are couched in language which, in this conservative

region, we should think bordered a little on the "high fallutin" style, especially the beginning, "Whereas, the position occupied by us, as citizens of California, is, by the teaching of all history, that to which the geographical march of civilization is destined to advance, with the light of truth, to the conquest of the whole earth," &c. ; but from the energy and zeal which the physicians of California have shown in establishing a State Society, we cannot doubt that their journal will maintain a high rank in the periodical literature of the country, and have a most favorable influence on the condition and prospects of the profession in California. We congratulate our brethren of that distant State on their wisdom in effecting an organization at so early a period, the result of which cannot fail to be most beneficial, both to the community and to the profession.

Since the above was written, the first number of the *California State Medical Journal* has been laid on our table. The promptness with which it has been issued does much credit to its enterprising proprietor and editor, Dr. John F. Morse. It is a handsome pamphlet of 146 pages, the appearance of which would do credit to any press in the country. It contains a large number of valuable original articles, including an abstract from the proceedings of the Sacramento Medical Society, and a long report of the cases in a private hospital, besides interesting selections from other journals. We commend to the profession, both in California and out of it, the high-minded appeal of the editor to his brethren, and we trust that his hopes and expectations will be realised. A journal founded upon such admirable principles ought to succeed, and we trust that not only every physician in that State will become a subscriber, but that its circulation will extend far on this side of the continent. The *Journal* is published quarterly, at Sacramento, at five dollars a year.

DR. STEWART ON THE MEDICAL PROFESSION IN THE UNITED STATES.

WE notice in the *Edinburgh Medical Journal* for August an interesting paper, "On the Medical Schools and the Condition of the Medical Profession in the United States of America," which was read by request before the Medico-Chirurgical Society of Edinburgh, in July last, by Dr. F. Campbell Stewart, of New York, and which we would gladly transfer to our pages, were it not altogether too long. Dr. Stewart was listened to with marked attention, and the best thanks of the Society were unanimously tendered to him. The paper contains a list of 40 institutions in which regular and orthodox medicine is taught in this country, and the author estimates the average number of students in attendance upon lectures as about 5,000. The number of practitioners he believes to be between twenty-five and thirty thousand, and that the supply falls considerably short of the demand. "It is supposed that one thousand physicians a year are necessary to supply the wants of the increasing population alone, which is stated to exceed seven hundred thousand per annum, leaving but four hundred home graduates and three hundred foreign ones—seven hundred in all—to fill the places of the thirteen hundred who, it is said, die or retire each year."

BOTTLES FOR POISONOUS DRUGS, &c.

THE following note from a correspondent contains recommendations which have already been adopted by a number of the physicians of this city ; and many apothecaries observe the essential precaution of placing the word Poison upon bottles and packages containing it. We hope that an efficient system of protection will be universally adopted and adhered to by our

druggists; and think that Mr. S. H. Woods, who is the one referred to below as originating the movement, is entitled to much credit, although it would perhaps have been more appropriate to refer this plan to the Massachusetts College of Pharmacy for their recommendation; which might even now be done.

"**MESSERS. EDITORS.**—One of the retail druggists of this city has recently notified the public, that he will 'in future dispense all medicines intended for internal use in round bottles, and all for external use in square bottles.' To this is added, that all poisonous drugs will be put up in square bottles with bright red labels. In part, these precautions will serve a useful purpose; but unless a precaution ensures absolute certainty of protection from mistake, the danger still remains. The profession are fully aware that numerous persons are unable to distinguish between colors, and that there is no color oftener mistaken than red. We would suggest an improvement upon the plan, as follows. That all drugs of a poisonous character, whether for internal or external use, should be put up in opaque, and others in transparent bottles; thus adding to the security of the bottle, which for external use could still be made square, while others should be round. Trifling differences are often of essential value, and it would be well if the word 'poison' or 'dangerous' were always placed in large letters upon boxes or bottles containing drugs of that nature.

"There are some physicians who write upon their prescriptions the directions for use. This should always be done, and the druggist should always copy such directions in full upon the labels of his bottles or boxes. The physician would find the habit a protection to his patient. Every man is liable to make mistakes, and the written direction for taking the medicine would sometimes enable an apothecary to notify a physician of an error in season to save a life. The written direction is a better guide to the nurse than any verbal one can be; and the blame of erroneous direction should always fall upon the right individual, whether physician, druggist or nurse. We know very well that it is not always so."

NEW MODE OF TREATING OVARIAN CYSTS.

M. BARTH lately exhibited before the French Academy of Medicine, a woman with an ovarian cyst, whom he had treated according to a new method. The patient, aged 37 years, entered the Beaujon Hospital, with a large unilocular cyst of the ovary, of about two years' standing. Considering the danger resulting from the continual growth of the tumor causing displacement and compression of the viscera, M. Barth thought an operation necessary. A simple puncture appearing insufficient, and the iodine injection not being free from danger, on account of the difficulty of preventing a part of the liquid from passing into the peritoneum, he devised the following plan. By means of a long, curved trocar, he made a puncture in the linea alba, three fingers' breadth above the pubis, in order to allow for the distension of the bladder. Having withdrawn the trocar, and emptied the cyst by the canula, he introduced the trocar again, and after rotating it, so that its concavity was directed forwards, and its point upwards, he pierced the abdominal walls a second time, from within outwards, or rather from behind forwards, so as to cause the point to emerge at a place three inches above the first puncture. The trocar being again withdrawn, he passed through the canula a curved flexible needle, to which was attached a catheter of vulcanized caoutchouc, intended to replace the canu-

la, which was then removed. Thus, the extremities of the catheter passed out of the two punctures, while its central part, pierced with two little holes, remained in the interior of the cyst, so as to allow the fluid to run out as fast as it was secreted again. The operation was not followed by any accident. At the end of a week, M. Barth injected some tepid water through the superior orifice of the tube, in order to test the susceptibility of the cyst. Ten days afterwards, the cyst was evidently reduced in size. Presuming that there would no longer be any danger in throwing an irritating fluid into the cavity, now so much contracted, he injected a solution of iodine through the catheter. The fluid which escaped from the lower opening gradually diminished in quantity for several days. A second iodine injection was made twelve days afterwards. Since that time the condition of the patient has been satisfactory.

The advantage of this method, according to M. Barth, is that it renders the physician, as it were, master of the cyst, allowing him constantly to evacuate the fluid which forms there, and to make injections as often as he thinks proper, without the necessity of puncturing anew. Moreover, the tube, left in the cyst, approximates its walls to that of the abdomen, and keeps them in contact, preventing the injected fluid from escaping into the cavity of the abdomen, and favoring salutary adhesions, which, according to all appearance, will effect a radical cure.

DR. TREADWELL'S LEGACY.

THE singular conditions of the legacy of the late Dr. Treadwell to Harvard College will doubtless render its acceptance very embarrassing to that institution. It will be difficult to find a single candidate of sufficient eminence to be worthy of the place, who would be willing to comply with the terms of the professorship. He must give evidence that he has been engaged in the practice of medicine for at least ten years, but must relinquish that practice on assuming the duties of his office. We are ignorant, of course, of the amount of the income which the endowment will yield, but unless it be considerable, it would be a small inducement to a practitioner whose prospects of success are good, particularly as he must vacate his office at the age of sixty-five. The necessity of a previous practice of ten years would exclude some of the most eminent physiologists in this country, and, in fact, in any other, as it is well known that gentlemen who have made physiology as well as chemistry particularly their study, have generally found the practice of medicine incompatible either with the close application to study required by the absorbing interest of the science, or with the habits and tastes which have led them to its pursuit.

In fact, the office of lecturer on physiology to the undergraduates is not needed in Harvard College. The Hersey Professor of Anatomy delivers a course of such lectures to the students, and has done so these twenty years; and when we say that Dr. Jeffries Wyman is the incumbent of that chair, our readers will easily imagine the delight and profit with which the undergraduates listen to his interesting course; and yet Dr. Wyman, by the terms of the will, would be ineligible to a chair exactly similar to the one he now so ably fills.

The mode of electing a professor by *concours* is foreign to our customs, and wholly needless in an institution like Harvard College. The competition with other colleges must always compel the overseers to appoint the very best men for the professorial chairs; and it by no means follows that one who passes the best examination of six hours' duration, is the best fit-

ted to teach physiology to the undergraduates. We hope the government of the College will decline assuming so complicated a trust, and allow the endowment to revert to the Massachusetts General Hospital, where it is greatly needed, and where its appropriation would be untrammelled by any absurd conditions.

Phthisis in London.—We find the following statement in the *London Lancet* of August 2d, by which it appears that other causes than the variability of our New England climate are concerned in the production of pulmonary consumption:—

"Half of the deaths that happen on an average in London, between the ages of 20 and 40, are from consumption and diseases of the respiratory organs. The deaths from these diseases in the last week were 65; the deaths from all other diseases at the same period of life were 82. The deaths from consumption and from other diseases of the respiratory organs, at all ages, were 220."

Health of Boston.—The total of deaths shows a considerable reduction since the preceding week, 83 against 106. Cholera infantum is on the decline, there having been but 10 deaths from that disease. Dysentery, also, has caused but 2 deaths, against 14 of last week. Compared with the corresponding week of last year, there is found considerable resemblance between the two, as is seen by the following table, showing the chief causes of death:

Week ending Sept. 20th, 1856.		Corresponding week, 1855.	
Total,	83	Total,	91
Consumption,	13	Consumption,	12
Cholera infantum,	10	Cholera infantum,	11
Scarlet fever,	10	Scarlet fever,	2
Teething,	8	Teething,	
Dysentery,	2	Dysentery,	11

Medical Miscellany.—A meeting of the medical men of the State of Mississippi has been called, at Jackson, on the 13th of December next, for the purpose of organizing a State Medical Society.—Dr. L. Roche, of Philadelphia, has been chosen President of the Penn. State Medical Society.—A novel institution, called the "Jackson Sanatorium," has lately been opened in London, designed for the sick among the wealthier classes. It is to be managed on the most liberal scale, and will combine all the advantages of the largest hospitals, with every requisite of a first-class mansion and the most perfect modern hotel.

Communications Received.—On Resuscitation after Submersion.—On the Ophthalmoscope.

MARRIED,—At Chicago, Ill., 31st ult., Geo. B. Foster, M.D., to Mrs. Fannie Frazer.

DIED,—At Henniker, N. H., Sept. 13th, Dr. Jacob Straw, aged 75 years.

Deaths in Boston for the week ending Saturday noon, Sept. 20th, 83. Males, 38—females, 45. Accident, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 3—consumption, 13—cholera infantum, 10—croup, 4—dysentery, 2—diarrhoea, 2—dropsy, 1—dropsy in the head, 2—drowned, 2—debility, 1—infantile diseases, 6—typhoid fever, 3—scarlet fever, 10—homicide, 1—disease of the heart, 1—intemperance, 2—inflammation of the lungs, 3—congestion of the lungs, 1—poisoned (accidental), 1—disease of the spine, 1—teething, 8—unknown, 2—whooping cough, 1.

Under 5 years, 49—between 5 and 20 years, 4—between 20 and 40 years, 15—between 40 and 60 years, 8—above 60 years, 7. Born in the United States, 65—Ireland, 14—other places, 4.

Death of Dr. Dubois.—Dr. James Dubois died on Saturday, 13th inst., in New-Utrecht, N. Y. Deceased was about 40 years old, and leaves a family and numerous friends to mourn his loss. He was born and brought up in the town where he practised his profession, as was his father before him. When the yellow fever commenced raging in the latter part of July last, he was advised by his friends to leave and go to a more healthy location, but declined to do so, believing, as he said, that it was his duty to remain and not desert the inhabitants in their hour of affliction. Himself and partner, Dr. Crane, remained, and were assiduous to the poor as well as the rich, in their endeavors to relieve the sick. Night or day, stormy or fair weather, every call upon their services was promptly answered, until, worn out by unceasing toil, both were compelled to succumb to the disease which had made such sad havoc around them. Dr. Dubois died about one o'clock on Saturday evening. On Friday, a friend from Brooklyn called to see him, and endeavored to cheer him up by words of encouragement; but the doctor remarked that there was no hope left of his recovery. About an hour before his death, he called for his wife, who had been sick for two days, and away from him. At his earnest solicitation she was brought to his bedside; he supposed that she too was down with the yellow fever. He felt of her pulse, prescribed for her, and very soon afterwards breathed his last. His death will leave a void in many hearts, and his noble conduct during the late epidemic will long be remembered.

Dr. Crane is very low, and there is scarcely any hope left of his recovery.—*New York Daily Times.*

Horrid Death from Hydrophobia.—A correspondent of the Toronto Colonist, gives the particulars of the death, from hydrophobia, of William Hughes, a farmer, in the township of King, C. W.:—"Deceased was bitten by his own dog, while in the harvest field, on the 7th of August last, on his arm, face, and other parts of his body, the animal being in a rabid state. The dog was instantly destroyed, and medical aid called in. Since then the wounds have been healed, and Hughes was able to be about. On a Sunday evening, recently, while at his tea, he suddenly felt that he could not drink, and thought he had taken cold. His medical adviser was called in on Monday morning, and every thing was done for him that was possible, but he grew gradually worse, and died at 3 o'clock on Wednesday afternoon. Dr. Duncomb, of Richmond Hill, was constantly in attendance on him, assisted by Dr. Mortimer, of Aurora. Dr. D. states that rigid spasms came at intervals—that when liquid of any kind was within sight, he became convulsed; when he became worse, he barked, and made a noise exactly as a dog would. Several neighbors were there; they were compelled to tie him down in his bed, or he would have done serious damage to persons about, and to himself. He made a will before he was taken ill, after having been bitten."

Conception following the Administration of Guaiacum.—Dr. Hubbard reported the case of a lady, whose catamenia had always been painful, and who, though married eight or ten years, had had no children. About nine months since, he prescribed for her the vol. tinct. of guaiac, according to the formula of Dewees. She commenced taking this about three weeks before the menstrual period, and as the catamenia did not occur, suspicions were entertained of pregnancy, which were well founded, as she is now near her confinement. He had used the same agent in similar cases with success. Probably the pathological condition in these instances was that of neuralgia or rheumatism.

Dr. Taylor has also used guaiac, in cases like those mentioned, and had known conception to take place in consequence, after years of sterility.—*N. York Journal of Medicine.*

Method of detecting instantly Iodine in the Urine.—In about four ounces of the urine, mix, says M. Eymael, a little starch, in powder. Then add a solution of the chloride of lime, drop by drop, until the blue color becomes manifest. The liquid must be agitated, and the chloride dropped slowly. The reaction is almost instantaneous, and shows itself by a brown tint at first, which passes to blue. If the urine should happen to be neutral, or alkaline, it must first be acidulated by hydro-chloric acid.—*Arch. de Med. Militaire.*

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